SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1008 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16
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Full Name (Last, First, Middle Initial) MR. MATTHEW S. SILVERBERG Mailing Address 12 SOUTH ATLANTIC APARTMENT 6 City MATAWAN FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary General Other (specify)	State NJ C Occupation RETIRE	Zip Code 07747-1530	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DR. PAMELA SILVER Mailing Address 118 W 5TH ST STE City COVINGTON FEC ID number of contributing federal political committee. Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General Other (specify)	State KY C Occupation PHYSICI		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) E SIMHAEE Mailing Address 7031 108TH ST # 3 City FLUSHING FEC ID number of contributing federal political committee. Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General Other (specify)		Zip Code 11375-4450 n ATION REQUESTED PER E Year-to-Date ▼ 300.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .			560.00